



DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Water/Wastewater Operator Certification

Application for Certification of Competency

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Important Information

An original, sworn and signed application must be filed with the Certification Office a minimum of sixty days (postmark date) prior to the examination date and must be accompanied by a \$100.00 non-refundable application fee for examination. Applications received less than sixty days prior to an exam will be considered for the next scheduled exam. Information regarding incomplete applications must be returned in writing within ten days after receipt of request, or prior to the Board meeting (whichever comes first), or application will be denied. Copies of the original application are not acceptable.

Applicants requesting disability accommodation for the Water and Wastewater Certification Examinations must give notice to the Operator Certification Board by marking the "Disability" section on page 6 of the "Application for Certificate of Competency". The application must be completed and submitted as specified in Rule 0400-49-.01.

In order to process an application for certification as a water or wastewater operator, we have to ask for certain personal identity information. It is required that you submit this information under state and federal law T.C.A. §36-5-711 and 42 USC §654a. This information is for the use of the department and is not disclosed to the public.

Verification of work experience must be provided in a written document signed by a certified operator of similar or higher classification, familiar with the applicant's work experience.

All applicants for professional licenses from the state must attest that they are lawfully present in the United States. The applicant must state whether he or she is a U.S. Citizen or a qualified alien on the application form. If the applicant claims to be a U.S. citizen, one of the following must be presented: a Tennessee state-issued ID or driver's license, birth certificate issued by a U.S. State, a valid, unexpired U.S. Passport or a social security card. If the applicant claims qualified alien status, the applicant must present two documents that have been determined to be acceptable by the U.S. Department of Homeland Security through its SAVE verification program.

Read the application carefully and follow the instructions on the application. The information provided will be used to determine your qualifications to take the exam. An incomplete application will cause delays and possible denial of your application for this examination. Be sure to complete each area of the application and include all required documentation.

Applications with job descriptions that conflict with previous examination applications will be denied.

The "Rules Governing Operator Certification" provide for the revocation of the certificate and the assessment of a civil penalty if it is determined that the certificate was obtained through fraud, deceit or by the submission of inaccurate data regarding your qualifications on the application for a certificate.

Instructions for Completing the Application

1. Check "by examination" or "by reciprocity". Reciprocity application should indicate state, license classification and license number.
2. Circle one (1) classification. A separate application must be submitted for each classification for which you are applying. There is a \$100 nonrefundable fee for each classification of certification for which you apply.
3. Complete all the personal information. All correspondence concerning your application will be sent to the address on the application.
4. Complete the education section. A copy of your high school diploma or GED must be submitted with your application unless you have one on file or are having transcripts submitted.
5. College transcripts must be submitted directly to the Board by the college or university, if college work is being claimed as credit for experience, or the degree is required.
6. List all courses related to operations and attach proof of completion. If you are enrolled in a course, that may be noted as well.
7. Job pages - The job page should accurately reflect the work activities you perform on your job for the time period specified.

Begin with your present employment and work backwards listing your experience. Complete a job page for each job. Each time you changed employers or each time your duties significantly changed, complete a new job page. If you need additional pages, make copies and attach them to the application.

The top of each job page asks for the beginning and ending employment dates. This should reflect the month and year you began this job or these activities and the month and year you ended this job and activities.

You will notice four sections (or Work Areas) on each job page. One for Water Treatment, Distribution System Operation, Wastewater Treatment and Collection System Operation. You should use the checklist to document ALL experience that you have in EACH Work Area. At the end of each Work Area you will notice the "Total % time spent in the above checked activities" blank. You should specify the percentage of your total time dedicated to this Work Area. The entire job page should not total more than 100%.

If you held more than one position with the same employer with different duties or different levels of responsibility, list the positions separately as though they were for separate employers.

List any duties not covered at the bottom of the page or feel free to attach additional information.

8. The application must be signed.

APPLICATION FOR CERTIFICATE OF COMPETENCY

Water and Wastewater Operator Certification Board

1. Mark either "Examination" or "Reciprocity" to indicate how you want your application considered. Reciprocity applicants should indicate state, license classification, and license number.

Application for Certification by: Exam ____ Reciprocity ____ (If reciprocity) State ____ Class ____ No. ____

Do you presently hold a water or wastewater certificate in the state of Tennessee? Yes ____ No ____

2. Circle only 1 classification. A separate application must be submitted for each classification for which you are applying.

Wastewater Classifications

Biological Natural

Wastewater Treatment 1

Wastewater Treatment 2

Wastewater Treatment 3

Wastewater Treatment 4

Collection Systems 1

Collection Systems 2

Water Classifications

Small Water System

Water Treatment 1

Water Treatment 2

Water Treatment 3

Water Treatment 4

Distribution Systems 1

Distribution Systems 2

For Board Use Only

Education _____

Months of Experience _____

Work O.E. _____

College O.E. _____

Related O.E. _____

TOTAL _____

Recommendation _____

Reviewer _____

Date _____

Date of Exam _____

Comments _____

3. Complete all of the following personal information. All correspondence concerning your application will be sent to the address entered below.

Last Name: _____ First Name: _____ M/I: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home Phone: (____) _____

Social Security Number: _____ Birthdate: ____/____/____

Employment County: _____ Resident County: _____

Email Address: _____

Currently Employed At: _____

Tennessee Facility I.D. Number: PWSID# _____ NPDES# _____

I Am A United States Citizen: ____ Yes ____ No

Check the examination type: Electronic _____ Paper _____ (Murfreesboro, TN)

Height _____
Weight _____
Eye Color _____
Sex _____

4. A copy of your high school diploma or GED certificate must be submitted with your application unless you have one on file or are having college transcripts submitted.

Are you a high school graduate? Yes _____ No _____ Date of graduation _____

If not, do you have a GED certificate? Yes _____ No _____ Date received GED _____

5. If a college degree is required for the classification for which you are applying or if college work is being claimed as credit for experience, transcripts must be submitted directly to the Board by the college or university. If you are only using your college transcript for proof of high school education, the transcript does not have to be mailed from the school.

Have you graduated from a college or university? Yes _____ No _____

School _____ Year _____ Degree _____ Major _____

6. List courses and seminars which relate to water/wastewater operations. Proof of successful completion must be included, and course descriptions or catalogs should be attached.

School, Seminars, and Other Training in Water or Wastewater Operations

Course	Provider	Length of course

Instructions for Completing Job Pages:

7. The following three pages are available for describing related job activities. Complete a job page for each related job. If you need additional pages, make copies of these pages and attach to this application. The information provided will be used to determine your qualifications to take the exam.

Begin with your present or most recent job. List NPDES or PWSID numbers for Tennessee facilities. For each facility that does not have a Tennessee I.D. number, request and complete a Supplement A/B Form.

On each job page are four checklist sections describing operating activities. Place a check mark beside each activity you performed while in that job. At the bottom of each section, list the total percent of time required to perform the activities checked. If the checklist does not adequately describe all of your duties and experience, use the blanks at the bottom of the page for additional information. The total percentage for any job page must not exceed 100%.

**To reach your local
REGIONAL ENVIRONMENTAL FIELD OFFICE
Call 1-888-891-8332 OR 1-888-891-TDEC**

(Do not show more than 100% for your TOTAL activities in this job.)

TN NPDES # _____ or TN PWSID # _____ Average Number Hours Worked Per Week: _____

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

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RDA 2404

Job B: (For instructions, see Number 7, page 3.)(Do not show more than 100% for your TOTAL activities in this job.)Employed: From _____ To _____ Title of Your Position: _____
Mo Yr Mo Yr

Facility At Which Employed: _____ Immediate Supervisor: _____

TN NPDES # _____ or TN PWSID # _____ Average Number Hours Worked Per Week: _____

Water Treatment Operations SectionThe following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|---|
| _____ Operation & maintenance (O & M) of pretreatment systems | _____ Performance of laboratory control tests |
| _____ O & M of coagulant feed systems | _____ Interpret laboratory results and make |
| _____ O & M of filtration systems | _____ adjustments to improve effluent quality |
| _____ O & M of fluoride feed systems | _____ O & M of pumps and motors |
| _____ O & M of stabilization feed systems | _____ Plant & ground maintenance |
| _____ O & M of hypochlorination and gas chlorination systems | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

Distribution System Operations SectionThe following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|--------------------------------|
| _____ Operation & maintenance (O & M) of pumps | _____ Pipeline installation |
| _____ O & M of booster station | _____ Installation of taps |
| _____ O & M of fire hydrants | _____ Leak detection |
| _____ O & M of valves | _____ Leak repairs |
| _____ O & M of storage tanks | _____ Meter reading |
| _____ Distribution system flushing | _____ Cross Connection Control |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

Wastewater Treatment Operations SectionThe following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|--|
| _____ Interpret process control data for plant operations | _____ Adjustment of wastewater levels or flow |
| _____ Cleaning and maintenance of preliminary treatment, | _____ patterns through a lagoon system |
| _____ such as bar screens, grit chambers, comminutors, etc. | _____ Control of recirculation rates to trickling filters or |
| _____ Control of solids pumping from clarifiers | _____ rotating biological contactor (RBC) |
| _____ Control of scum removal in clarifiers | _____ Operation of chlorine feed rates for disinfection |
| _____ Control of return and waste sludge rates | _____ Operation of digesters and/or solids |
| _____ Control of aeration rates | _____ conditioning processes |
| _____ Perform calculations and use them to operate and | _____ Perform laboratory control tests |
| _____ control plant | _____ Interpret lab results to improve effluent quality |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

Collection System Operations SectionThe following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|---------------------------------------|
| _____ Operation & maintenance (O & M) of pumps | _____ Manhole maintenance and repairs |
| _____ O & M of lift stations | _____ Leak detection |
| _____ O & M of valves | _____ Line repair |
| _____ Line installation | _____ Line cleaning |
| _____ Installation of service connections | _____ Work on t.v. crew |
| _____ O & M of lines and equipment | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

% Time	List any duties not covered in the sections above.

Job C: (For instructions, see Number 7, page 3.)(Do not show more than 100% for your TOTAL activities in this job.)Employed: From _____ To _____ Title of Your Position: _____
Mo Yr Mo Yr

Facility At Which Employed: _____ Immediate Supervisor: _____

TN NPDES # _____ or TN PWSID # _____ Average Number Hours Worked Per Week: _____

Water Treatment Operations SectionThe following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|---|
| _____ Operation & maintenance (O & M) of pretreatment systems | _____ Performance of laboratory control tests |
| _____ O & M of coagulant feed systems | _____ Interpret laboratory results and make |
| _____ O & M of filtration systems | _____ adjustments to improve effluent quality |
| _____ O & M of fluoride feed systems | _____ O & M of pumps and motors |
| _____ O & M of stabilization feed systems | _____ Plant & ground maintenance |
| _____ O & M of hypochlorination and gas chlorination systems | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

Distribution System Operations SectionThe following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|--------------------------------|
| _____ Operation & maintenance (O & M) of pumps | _____ Pipeline installation |
| _____ O & M of booster station | _____ Installation of taps |
| _____ O & M of fire hydrants | _____ Leak detection |
| _____ O & M of valves | _____ Leak repairs |
| _____ O & M of storage tanks | _____ Meter reading |
| _____ Distribution system flushing | _____ Cross Connection Control |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

Wastewater Treatment Operations SectionThe following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|--|
| _____ Interpret process control data for plant operations | _____ Adjustment of wastewater levels or flow |
| _____ Cleaning and maintenance of preliminary treatment, | _____ patterns through a lagoon system |
| _____ such as bar screens, grit chambers, comminutors, etc. | _____ Control of recirculation rates to trickling filters or |
| _____ Control of solids pumping from clarifiers | _____ rotating biological contactor (RBC) |
| _____ Control of scum removal in clarifiers | _____ Operation of chlorine feed rates for disinfection |
| _____ Control of return and waste sludge rates | _____ Operation of digesters and/or solids |
| _____ Control of aeration rates | _____ conditioning processes |
| _____ Perform calculations and use them to operate and | _____ Perform laboratory control tests |
| _____ control plant | _____ Interpret lab results to improve effluent quality |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

Collection System Operations SectionThe following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|---------------------------------------|
| _____ Operation & maintenance (O & M) of pumps | _____ Manhole maintenance and repairs |
| _____ O & M of lift stations | _____ Leak detection |
| _____ O & M of valves | _____ Line repair |
| _____ Line installation | _____ Line cleaning |
| _____ Installation of service connections | _____ Work on t.v. crew |
| _____ O & M of lines and equipment | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

% Time	List any duties not covered in the sections above.

Additional Information or Comments (You may attach additional pages.)

8. Attach check or money order for \$ 100.00 application fee, made payable to Treasurer, State of Tennessee, and mail to the address listed below. Application cannot be reviewed without receipt of proper fee amount. All application fees are non-refundable. Please note: ***Applications cannot be faxed.***

Have you attached your check or money order for \$ 100.00? Yes _____ No _____
Have you attached proof of H.S. education or equivalent? Yes _____ No _____
If applicable, have you requested that your college transcript be sent to the Certification Board?
Yes _____ No _____
If applicable, have you attached proof of attendance at related schools or course work?
Yes _____ No _____
Have you attached documentation of citizenship or immigration status Yes _____ No _____

Make check or money order payable to **Treasurer, State of Tennessee.**
Mail application, all supporting documentation, and check/money order for \$ 100.00 to:

**Operator Certification Board
Julian R. Fleming Training Center
2022 Blanton Drive
Murfreesboro, TN 37129
(615) 898-8090**

Disability: Applicants with disabilities which affect their ability to participate in a regular written examination may be eligible for an alternative examination and/or assistance or accommodation. Applicants deemed as unable to participate in regular written examination procedure may substitute another examination method or receive assistance or accommodation. To receive information call: (615) 898-8090 or check the box below.
☐ Please mail information on alternative examinations, assistance and accommodations

9. Verification of work experience must be documented by a certified operator of a similar or higher classification, familiar with the applicant's work experience. However, if no such person is available, experience may be documented by a person in authority with the system.

I hereby certify the information contained in the work experience section of this application is true and correct to the best of my knowledge. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

I have observed this applicant for _____ years.

Name of Certified Operator documenting work experience:
(Please Print)

Certification Number (s):

Signature of Certified Operator:

Complete This Section Only If A Certified Operator Of Similar Or Higher Classification Is Not Available.

Printed name and signature of person in authority of the
applicant's system documenting work experience:
(if different than above)

System's Person in Authority Name and
Position Title: (if different than above)

Name of facility/utility/system:

Telephone number: (include area code)

Address: (number and street)

City:

State:

Zip code:

10. Application must be signed and dated. By signing, applicant verifies that all information supplied on this application is correct to the best of his/her knowledge.

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief true, accurate, and complete; and that I am lawfully present in the United States as a U.S. citizen or a qualified alien as defined in 8 U.S.C. §1641(b). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Date of Application

Signature of applicant